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| Name(s) and surname: | | Login: | Deliver the Request  to Study Office of FEECS,  or send by post to address:  VSB-TUO, FEECS  17. listopadu 2172/15  708 00 Ostrava-Poruba  Czech Republic |
| Date of birth: | |  |
| *Contact address* Street and number: | | |
| City: | Post Code: | Country: |
| Type of study:  doctoral  bachelor‘s  f. master‘s | Academic year:       Year:       Programme:       Branch:       Specialization: | |
| Form of study:  full-time  part-time |
|  | | | |
| Date:       Student’s signature: | | | |

**Recommendation of Department/Supervisor (Ph.D.)**

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| I recommend granting the request  I do not recommend granting the request  Comments:  Date: Signature: |

**Decision of Vice-dean/Doctoral studies board/Dean**

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| I grant the request  I reject the request  I acknowledge  Comments:  Date: Signature: |